



# ARIZONA

## STATE BOARD OF NURSING

### NEWSLETTER

QUARTERLY CIRCULATION APPROXIMATELY 74,000 TO ALL RN'S, LPN'S, CNA'S AND STUDENT NURSES IN ARIZONA

The Official Publication of the Arizona State Board of Nursing

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## From the Executive Director

By Joey Ridenour, RN, MN

### *Speaking Up Could Save Lives*

In December 2003, a male nurse in New Jersey claimed he could have caused the deaths of some 30-40 patients. Accused of administering lethal doses of medications (allegedly digoxin and insulin) to two patients at Somerset Hospital in New Jersey, Charles Cullen, 43, was arrested 12/12/03.

Cullen was hired as a nurse 10 times in 14 years. He was fired five times. He was questioned about the deaths of patients four times. He was accused of improperly administering medications two times. These are just the cases reported.

A reporter from the Knight Ridder Newspaper, Marie McCullough, stated, "Since 1974, nearly four dozen nurses, therapists and doctors have been prosecuted for serial killings in the US and other countries. The phenomenon is either becoming more common or detected more frequently."

The best ways to reduce the danger of serial murders is to "speak up" and take action in suspicious cases. Unfortunately, some would rather cover up than to confront the problem.

*Forensic Nurse Magazine* author Kelly M. Pyrek published an article in their November/December 2003 issue on "Healthcare Serial Killers: Recognizing the Red Flags." He claims "healthcare serial killers are nothing new, but have been making the headlines far more frequently."

Bruce Sackman, special agent in charge of the northeast field office of the Office of the Inspector General, is a recognized expert on healthcare serial killers and offers the following list of red flags:

- healthcare workers who are uncommonly accurate in predicting a patient's demise
- patient deaths are unexpected by staff or family and

the family was not at the patient's bedside

- regular incidence of patients going downhill after a particular nurse has been providing care or in the room
- fellow employees often report allegations after an investigation has been initiated to investigators and not management
- the weapon of choice is usually a sudden death chemical readily available on the unit and often considered non-detectable or not checked at autopsy; i.e. insulin, digoxin, lidocaine, epinephrine and other respiratory paralysis agents
- syringes, IV lines and feeding tubes are the likely portals of entry if poison is chosen
- if a code is called, EKG strips are often not found or placed in the chart
- high victim count on the subject's shift is generally the first red flag
- individuals who commit the murders are often charming and friendly, but have antisocial tendencies, have a common thread of being self-centered in meeting their own needs; have difficulty with personal relationships.
- prior employment records show questionable incidents
- the subject is given nicknames by the staff while still employed
- drugs, poisons and related books are found in the subject's home
- subject insists the patients died of natural causes
- subject never shows remorse for their victims
- other patients often complain about the subject, but the concerns are often ignored

Education is the best way to erode the denial and naiveté and be alert to suspicious cases. Above all, "speaking up could save lives."

## Faculty Recruitment

by Joey Ridenour, RN, MN

As many of you are aware, the nursing programs in Arizona have responded to the nursing shortage by expanding their student enrollments. Unfortunately the plans will not be realized until faculties are recruited for the vacant positions. To assist in addressing the nursing shortage and subsequent risk to the public, the Arizona Board of Nursing will be running a special column in each Newsletter for nursing programs to list their faculty needs.

**Pima Community College** is seeking an applicant for Instructional Faculty in Nursing. Primary duties are to teach courses in Nursing with an emphasis in Adult Medical/Surgical nursing to a diverse student population. Please visit the Web site at [www.pima.edu](http://www.pima.edu) to read more about the college and these positions. The application can be downloaded as a PDF file from [wwwhum-res@pimacc.pima.edu](mailto:wwwhum-res@pimacc.pima.edu).

**Coconino Community College** is seeking a seasoned professional to promote students' success in a learner-centered college as the Director of Nursing. Strong administrative skills are required, as this position will have significant impact on the success of the Nursing program. The Director of Nursing will provide leadership to the Nursing program by maintaining accreditation with the ASBN, obtaining NLN accreditation, managing the budget, representing the program throughout the college, community, and state, maintaining policies and procedures for the program, advising and admitting students, and leading assessment activities. Please contact Monica Baker at 928-226-4262, the Human Resources Department at 928-226-4204, or visit the CCC Web page at [www.coconino.edu](http://www.coconino.edu)

**Grand Canyon University Samaritan College of Nursing** is seeking full time and adjunct nursing faculty to teach in the undergraduate and graduate programs in 2004-2005. Full time positions in obstetrics (1) and adult health (2) are available. All qualified faculty in any specialty are encouraged to apply for clinical adjunct appointments. For more information and to apply, please visit the Web site, <http://www.gcu.edu/personnel/personnel.htm>.

**SouthWest Skill Center** is seeking a FT Nursing Cluster Coordinator. Specially funded. Must have BSN, current RN Arizona license and a minimum of 2 years experience as a professional nurse providing direct patient care. Please visit the Web site, <http://www.emc.maricopa.edu/swsc/> for complete job description and application instructions. Review of applications will start February 2, 2004.

**ASU College of Nursing** is interested in advanced practice nurses in the following areas: pediatric, community health, obstetric, adult health and psychiatric nursing. In addition, with expansion of the professional program, new part-time and full time teaching positions in the undergraduate program are available. Please visit the Web site, <http://nursing.asu.edu>, for complete qualification and application instructions or call (480) 965-2668 for additional information. Arizona State University is an affirmative action/equal opportunity employer. *We welcome the interest of qualified faculty in any specialty.*

**The University of Arizona College of Nursing** is seeking applicants for:

1. Two full time faculty positions to support the educational

*Recruitment cont. on pg. 5*

## New ASBN Board Officers 2004

**Alice Gagnaire, RN MHSA, President**

*Board Term Expires June 30, 2005*

Ms. Gagnaire is the Senior Vice President at Flagstaff Medical Center. She is the past President of the Arizona Organization of Nurse Executives.

**Kathy Malloch, Ph.D., M.B.A., R.N., Vice President**

*Board Term Expires June 30, 2007*

Dr. Malloch is a National Health Care Consultant and previously was Vice President for Patient Care Services at Del E. Webb Memorial Hospital. She is on the Editorial Board, Aspen Advisor for Nurse Executives and is a Board Member of Arizona Organization of Nurse Executive (AzONE). Dr. Malloch was appointed by the National Council of State Boards of Nursing, Board of Directors in December 2003 to chair a national committee to research Practice Breakdown.

**Bev Ogden, Public Member, Board Secretary**

*Board Term Expires June 30, 2008*

Bev is a retired state employee who previously worked on contract for the Governor's Division for Children.

## New Phone System Unveiled

by Brent Cobb, Director of IT

The Arizona State Board of Nursing is installing a new telephone system January 9, 2004. During migration, automated verification requests should be e-mailed to: [verify@azbn.org](mailto:verify@azbn.org). Please visit our Web site at <http://www.azboardofnursing.org> for more information.

Telephone verification will resume normal service in February after testing is complete. Remember-ASBN menu options will change! New options will direct callers to specialized staff and departments from the main menu, reducing hold times and eliminating most receptionist transfers.

The Board will retain the main (602) 331-8111 line, or you may contact staff via direct-dial, with standard Area Code + seven digit numbers. The new staff directory is published in this newsletter and is also available on our Web site under Questions & Answers

All system updates will be completed by March 1, 2004. Please listen to the new greeting options so we can better serve you. Thank you for your understanding during the final completion of this project.

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## CNA Corner

by Pamela Randolph RN, MS, CPNP

### NURSE ASSISTANT ADVISORY COMMITTEE

The Board has appointed 19 members to the Nurse Assistant Advisory Committee. The Board had a difficult task appointing members as many applications from qualified persons were received.

The first meeting of the committee was held on December 5, 2003. The agenda included reviewing the mission of the Board, the purposes and goals of the committee. An update was provided on the proposed legislation to conduct a pilot study utilizing certified nursing assistants with additional education as medication technicians in selected long term care facilities. Diana Ayle from the Department of Health Services provided an update on the feeding assistant legislation. The committee also reviewed a report from the Department of Health and Human Services on Nurse Aide Training (see summary below). The Committee recommended that the Board amend the Nurse Assistant Rules in Article 8 and will review a draft at the next meeting. They also requested that Experior Testing LLC, the test vendor for the Nurse Assistant Exam, be present at the next meeting to discuss exam issues.

Meetings of the Nurse Assistant Advisory Committee are open to the public and will be held in 2004 on April 16, June 4, September 10, and December 3, from 1 to 3:30 p.m. in the Board offices. Meeting times, dates and locations are subject to change, and attendees are advised to call the Board to confirm the information before planning to attend a meeting.

### C.N.A. EDUCATORS RETREAT

The C.N.A. Educators' Retreat was held on November 21, 2003. Over 100 people attended and heard talks by Sheila Sorrentino Ph.D., RN, on curriculum design and delegation. Board staff spoke on policies and case studies. Evaluations reveal that the program was well regarded by nearly all participants and there is enthusiastic support for an annual C.N.A. educator retreat.

A curriculum workgroup was proposed at the conference and a list of interested participants is being maintained at the Board. If any educator would be interested in belonging to such a group, please contact me at [prandolph@azbn.org](mailto:prandolph@azbn.org) or 602-889-5209.

### TESTING BLOOPERS

Experior Rater Doris Donithon has reported the following frequent errors in the manual skills test:

1. Failing to remove dirty linen while making an occupied bed and putting clean linen on top of soiled linen
2. Unable to add 50# increments to attain an accurate weight and placing the 50# increment weight between 2 weight notches
3. Not knowing the exact location of the urinary meatus
4. Failing to rinse soap during perineal care, bed bath, catheter care, etc.
5. Not knowing the location of the radial pulse—taking ulnar pulses

Attention to these matters during the education program should decrease the errors in testing.

### FEDERAL REPORT ON NURSE AIDE TRAINING

The Department of Health Human Services, Offices of Inspector General under the direction of Janet Renquist, Inspector General, conducted a survey of Nurse Aide Training and issued a report in November 2002. The findings report that nurse aide training has not kept pace with nursing home industry needs. Nurse aides need more skill training on behavior and cognitive disorders, catheter care, colostomy care, lifting, feeding, hydration and infusion therapies. They also need more training in interpersonal skills, including communication, teamwork, coping with death and dying, time management, and new technologies.

Another finding was that teaching methods are often ineffective and clinical exposure is too short and unrealistic. Many nurse aides report a lack of "hands-on" experience. Over half the states require more than the federally required minimum of 75 hours of nurse aide training (Arizona requires 120 hours). Most nursing home supervisors reported that nurse aides were not ready to work on the nursing home floor and needed more clinical exposure. Videos viewed during the training did not give students a realistic picture of the job. The videos were described as "sugarcoated" and "unrealistic." Early clinical exposure prepares and screens students better according to many supervisors.

Complaints about classroom instruction were also voiced and included too much technology and jargon, limited time to practice clinical skills, teaching skills that will not be often used, and emphasis on tasks rather than inter-

personal communication. Nurse aide students prefer instructors that include personal examples or anecdotes from their past nursing home jobs. Instructors who were willing to be candid, and those who did not mince unpleasant details were among those considered most helpful.

The recommendations include increasing clinical experience and offering clinical experience earlier in the program and improving and enhancing curriculum to include increased content on communication and interpersonal skills and embracing modern technologies and equipment.

### Contact Information

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# Fact Sheet: House Bill 2256

## *Providing for a Pilot Program to Allow Certified Nursing Assistants to Administer Medications Participating Long Term Care Facilities*

### WHAT IS HOUSE BILL 2256?

HB 2256 is proposed legislation that provides for a pilot study under which a licensed nurse, employed at a participating Long Term Care facility, may delegate the administration of specific oral medications, under controlled conditions, to a certified nursing assistant (CNA). The title for the CNA authorized to give medications has not been decided but during the pilot the term Certified Medication Technician (CMT) may be used.

The CMT must complete training requirements and a patient receiving medication from a CNA must be a stable resident of the pilot long-term care skilled nursing facility.

### WHAT AGENCIES ARE THE PRIMARY AUTHORS OF HB 2256?

The Arizona Association of Homes and Housing for the Aging is the primary author of HB 2256.

### ARE OTHER STATES UTILIZING CNA’S TO ADMINISTER MEDICATIONS?

Since the early 1980’s, nurses in at least 16 states have been given the statutory authority to delegate medication administration to unlicensed personnel in non-acute settings. Most of those states require that the unlicensed person be a CNA for a minimum of a year and complete training requirements established by the state.

### IS MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL SAFE IN OTHER STATES WHERE IT IS ALLOWED?

Anecdotal evidence from the states contacted suggests that it is safe to use CNA’s that are specially trained to

administer medications in settings where the patient population is stable, and a licensed nurse oversees the process. However, there are no definitive studies establishing the safety of this practice.

### HOW DOES HB 2256 PROTECT THE PUBLIC?

The proposed pilot will establish a scientific basis for the Board to utilize in determining the safety of, and the conditions under which, if any, unlicensed personnel may administer medications. The Arizona State Board of Nursing believes HB 2256 will:

- Advance evidence-based regulation based on research outcomes to protect the health, safety and welfare of the public.
- Provide oversight for the research study and ensuring the study is designed to protect the public.
- Ensure there are a limited number of study sites.
- Allow a licensed nurse the authority to refuse to delegate medication administration if the nurse believes the patient’s health and safety is at risk.
- Ensure participating facilities cannot replace existing licensed nurses with medication technicians without Board and DHS approval
- Establish the education and training requirements for certified nursing assistants that will function as medication technicians.

### WILL THE COST BE TO THE BOARD?

The proposed pilot will not place a financial burden on the Board because the legislation allows the Board to assess each participating facility a fee to cover the cost of the pilot.

## 2004 Experior Schedule for CNA Testing–Remote Locations

Experior has provided a tentative schedule for remote testing of CNAs during 2004. The dates listed in this article are dependent on receiving the required number of completed applications, (i.e. includes copies of training completion certificates and appropriate testing fees) two weeks (10 working days) prior to the posted testing date.

Ten candidates must apply in order to test at remote locations. If 10 candidates are not received, the test date will be cancelled.

Location:	Week of:
Bullhead City	January 5 April 5 July 5 September 13 October 4 November 8
Flagstaff	February 2 April 5 June 7 August 2 October 4 December 6
Globe	June 21
Page	June 7
Showlow	February 16 June 21 August 23
Thatcher	February 16 August 23
Winslow	February 2 June 7 August 2 October 4
Yuma	January 20 April 19 July 19 November 22

### Recruitment cont. from pg. 1

efforts of the Accelerated BSN Program for college graduates by providing instruction in adult health nursing. Please visit the Web site, <http://www.nursing.arizona.edu/employ.htm#faculty> for complete qualifications and application instructions or contact Pat Wharton at 520-626-2742.

2. A half-time Coordinator for Continuing Education. The Coordinator assumes overall responsibility for continuing education (CE) activities of the college and provides, in coordination with other sponsoring groups, continuing education of sufficient scope and quality to meet the diversified needs of the registered nurses locally, in the State of Arizona, nationally and internationally. A full position description and application instructions can be found at <http://www.hr.arizona.edu/991497xacxadxptxprox.htm> or contact Pat Wharton at 520-626-2742.

3. A half-time Assistant Coordinator in the Patient Care Learning Center to serve as a learning resource to students for nursing-focused psychomotor and critical thinking skills. A full position description and application instructions can be found at [www.hr.arizona.edu/991768xadxptxprox.htm](http://www.hr.arizona.edu/991768xadxptxprox.htm) or contact Pat Wharton at 520-626-2742.

**The Maricopa Community College District Nursing Program** is seeking full time and part time nursing instructors. Adult medical/surgical, pediatrics, psychiatric/mental health, and obstetrical theory and clinical instructor positions are available. Openings are available year-round, days, evenings and weekends. Bilingual instructors also needed. Applications may be submitted for full time positions online: [www.dist.maricopa.edu/hrweb/faculty.htm](http://www.dist.maricopa.edu/hrweb/faculty.htm) or for part time online: [www.dist.maricopa.edu/hrweb/adjunct.html](http://www.dist.maricopa.edu/hrweb/adjunct.html)

**Yavapai College** is seeking an applicant for a full-time Nursing Faculty member. Primary duties are to teach courses in Nursing with an emphasis in Adult Medical/Surgical nursing on the Verde Valley campus. Please visit the Web site at [www.yc.edu](http://www.yc.edu) to read more about the college and this position. The application can be downloaded as a PDF file from the Web site.

• *Education Corner* •

Pamela Randolph RN, MS, CPNP

**NCLEX-RN® Passing Standard Raised**

The National Council of State Boards of Nursing, Inc. (NCSBN) voted at its December 2-4, 2003 meeting to raise the passing standard for the RN licensure exam. The new passing standard is -0.2800 logits on the NCLEX-RN logistic scale, 0.070 logits higher than the current standard of -.3500 logits. Logits are units of measurements to identify item difficulties and candidate abilities on a single measurement scale. As with the current NCLEX standard, all candidates are scored on the difficulty level of items that they can correctly answer approximately 50% of the time. For each candidate the exam is complete when a reliable ability level is established and the test plan is covered. The candidate can achieve this standard in as few as 75 items or as many as 265 items. The ability level of the candidate is compared to the passing standard. Candidates above the passing standard pass the exam while those below the passing standard fail the exam.

NCSBN uses all information available to establish a minimum standard for the entry level RN. While the nursing shortage is a concern, the first concern of NCSBN is public safety. NCSBN stated that the reasons for the increase in the passing standard include the increased acuity of clients seen by entry level RNs, the results of a national survey of nursing professionals, and the recommendation of an expert panel of nine nurses that convened to perform a criterion-referenced standard setting procedure.

Casey Marks, Director of Testing for NCSBN, has estimated that pass rates nationally for first-time U.S. educated test takers will decrease from 86.7% to approximately 84% with this increase in the passing standard. This is consistent with the decreases seen when the standard had been raised in the past. NCSBN evaluates the passing standard for NCLEX every three years. The last time the standard was raised was 1998. The passing standard was not raised when it was reviewed in 2001.

The new passing standard will take effect on April 1, 2004, in conjunction with the new RN test plan. The 2004 RN test plan and additional information on the passing standard is available on the NCSBN Web site: [www.ncsbn.org](http://www.ncsbn.org).

**NCLEX May be Retaken More Often**

National Council of State Boards of Nursing, Inc. (NCSBN) has announced that there are sufficient items in the NCLEX item pools to allow retakes of NCLEX-RN and PN exams every 45 days. The previous retake policy allowed candidates to retake NCLEX after a 90-day interval. Boards of Nursing have the choice now of allowing applicants from 90 to 45 days between NCLEX administrations. The Arizona State Board of Nursing, along with 52 other Boards of Nursing, informed NCSBN that failing candidates are allowed to retake NCLEX in 45 days. Nine Boards of Nursing will retain the 90-day interval. The new policy took effect on January 1, 2004.

**Special Thanks to NCSBN Volunteers from Arizona**

The Board is grateful for the service the individuals listed below have provided in ensuring that the NCLEX exam remain the “gold standard” of the industry. If people are interest-

ed in serving on an NCLEX panel, please contact Pamela Randolph ([prandolph@azbn.org](mailto:prandolph@azbn.org)) or the National Council of State Boards of Nursing at [www.ncsbn.org](http://www.ncsbn.org).

John Schmaling, RN, GNP, has been chosen as a member of an expert review panel for the NCLEX-PN.

Ryan Karvel, BSN, RN, was selected as a member of the item development panel of judges for the NCLEX-RN.

Sandra Sterling, MSN, RN, FNP, served as a member of a NCLEX-PN exam writing session.

**Education Committee Meetings:**

Meetings of the Education Committee are open to the public. Meeting dates have been set for January 16, 2004; February 13, 2004; April 23, 2004; and August 27, 2004 at the Board offices. For more information on attending a meeting, please contact Pamela Randolph at 602-331-8111 ext. 139 or [prandolph@azbn.org](mailto:prandolph@azbn.org).

**Board Actions Education Matters**

*November 4-6, 2003*

Approved new nurse assistant programs at:  
Central Arizona College @ Casa Grande Center  
Pima Community College CTD @ Villa Campana  
Approved the Advisory Opinion submitted by the Education Committee on Distance Learning.

Approved request by Yavapai College to increase enrollment.  
The Board received a plan by Coconino Community College to fill the vacancy in nursing administrator position with part-time personnel. After consideration, the Board voted to require program to appoint an interim or permanent administrator within 90 days. If the program fails to appoint an administrator within the time-frame, the Board will issue a Notice of Deficiency.

Appointed Joyceen Boyle, Ph.D., RN, Associate Dean of Academic Affairs at University of Arizona, and Marty Mayhew, MSN, MEd., RN, faculty at Pima Community College West Campus to the Education Committee.

Revised purpose and goals of Education Advisory Committee as recommended by the Committee

*December 12, 2003*

Approved new Nurse Assistant Program at:  
Pima Community College CTD @ Manor Care

The Board voted to allow International Institute of the Americas to submit an application proposal and provisional approval of a nursing program. The program could not admit students until the rules on RN and PN programs (Article 2) were amended to allow nationally accredited parent institutions to provide RN and PN programs. The Board also reviewed a draft of Article 2 revisions that would allow nationally accredited institutions to provide RN and PN nursing programs. See *Rules Rundown* in this issue.

# Nursing Education Programs Approved by the Arizona State Board of Nursing

<b>PRACTICAL NURSING</b> Estrella Mountain Community College/ SouthWest Skill Center 3000 N. Dysart Rd Avondale AZ 85323	Kathleen Ellis Interim Director Phone: (623) 535-2732 Provisional approval: Jan. 03	Mesa Community College 1833 E. Southern Avenue Mesa, AZ 85202	Myrna Eshelman, MS, RN Chair, Nursing Program Phone: (480) 461-7106
Maricopa Skill Center 1245 E. Buckeye Road Phoenix, AZ 85034-4101	Barbara Fierro, MSN, RN Health Occupations Phone: (602) 238-4367	MCC/Boswell Center 13101 N. 103rd Avenue Sun City, AZ 85351	Paulette Compton, RN, MS, Director, Nursing Program Phone: (623) 974-7835 Fax: (623) 974-7891
Pima Community College – CTD Health Occupational Programs 5901 South Calle Santa Cruz Tucson, AZ 85709-6370	Emelia Lewis, B.S.N., RN Coordinator, Health Occupation Phone: (520) 206-5113 (program sites at Tucson Medical Center; Kino Hospital and Health South)	Paradise Valley C.C./John C. Lincoln 18401 N 32nd St. Phoenix, AZ 85032	Rose Dermody RN Nursing Program Chair 602-787-7192
GateWay Community College Fast Track PN Program 108 N. 40th Street Phoenix, AZ 85034 (Metro-Tech and campus sites)	Cathy Lucius MS, RN Director, Nursing Division Phone: (602) 392-5025	Phoenix College 1202 W. Thomas Road Phoenix, AZ 85013	Margaret Souders, MS, RNC, CNS Chair, Department of Nursing Phone: (602) 285-7133
<b>ASSOCIATE DEGREE MULTIPLE EXIT</b> *Arizona Western College PO Box 929 Yuma, AZ 85364	Provisional approval 4/17/02	Rio Salado College 2323 W. 14th St. Tempe AZ 85281	Anne McNamara Ph.D, RN Faculty Chair, Nursing www.rio.Maricopa.edu
*Central Arizona College 8470 North Overfield Road Coolidge, AZ 85228	Mary Rhona Francoeur, RN, MSN Director, Nursing and Allied Health Phone: (928) 317-6049	Scottsdale Community College 9000 E. Chaparral Road Scottsdale, AZ 85256-2699	Nellie Nelson, MSN, RN, CARN Chair, Division of Health Sciences Phone: (480) 423-6232
*Cochise College 4190 W. Highway 80 Douglas, AZ 85607-6190	Paula Calcaterra, MSN, RN Director of Nursing Phone: (520) 426-4331		
Coconino Community College 1800 S. Lone Tree Rd Flagstaff, AZ 86001-2701	Sue Macdonald MSN, RN Director of Nursing & Health Technology Phone (520) 364-7943		
Eastern Arizona College 3714 W. Church Street Thatcher, AZ 85552-0769	Don Johnson Interim Director of Nursing (928) 527-9978 Provisional approval (2003)		
*Maricopa Community College District Nursing Program Five community colleges and six sites: Gateway Community College 108 N. 40th Street Phoenix, AZ 85034	Mayuree Sozanski, D.N Sc., RN Director of Nursing & Allied Health Phone: (928) 428-8396		
Glendale Community College 6000 W. Olive Avenue Glendale, AZ 85302	Cathy Lucius, MS, RN Director, Nursing Division Phone: (602) 392-5025		
	Denise DiGianfilippo Chair, Department of Nursing Phone: (623) 845-3209		

Programs cont. on pg. 8

Programs cont. from pg. 7

Mohave Community College  
1977 W. Acoma  
Lake Havasu City, AZ 86403  
Sites in Kingman, Bullhead City  
& Colorado City

Linda Riesdorph, MSN, RN  
Director, Nursing Program  
Phone: (928) 505-3378

FAX: (928) 505-3369

Northland Pioneer College  
PO Box 610  
Holbrook, AZ 86025-0610  
Campus Sites at Show Low and Winslow

Barbara T. Ballard MS, RN  
Director, Department of Nursing  
Phone: (928) 532-6133

\*Pima Community College  
2202 W. Anklam Road  
Tucson, AZ 85709

Marie Barrentine, MS, RN  
Director of Nursing  
Phone: (520) 206-6661

\*Yavapai College  
1100 E. Sheldon Street  
Prescott, AZ 86301  
Campus sites in Prescott and on  
Verde Campus in Clarkdale

Barbara Nubile, MSN, RN  
Division Assistant Dean,  
Phone: (928) 776-2246

BACCALAUREATE DEGREE

\*Arizona State University  
College of Nursing  
Tempe, AZ 85287-2602  
(Spring, 2004)  
Campus sites in Tempe and  
ASU West in Glendale

Barbara Durand, Ph.D., RN  
Dean, College of Nursing  
Phone: (480) 965-3244

\*Northern Arizona University  
PO Box 15035  
Flagstaff, AZ 86001  
(Spring, 2009)

Judith Sellers, DNSc., RN, FNP  
Chair, Department of Nursing  
Phone: (928) 523-2671

\*University of Arizona  
PO Box 210203  
Tucson, AZ 85721  
(Spring, 2002)

Marjorie Isenberg DNSc, RN FAAN  
Dean, College of Nursing  
Phone: (520) 626-6152

\*Grand Canyon University  
PO Box 11097, 3300 W. Camelback Road  
Phoenix, AZ 85061  
(Fall 2005 )

Cynthia Russell, DNSc, RN, CS  
Dean, College of Nursing  
Phone: (602) 589-2730

\*University of Phoenix  
College of Health Sciences & Nursing  
4615 E. Elwood Street  
Phoenix, AZ 85040

Doris Milton Ph.D, RN  
College of Health Sciences & Nursing  
Phone: (480) 557-1751  
(RN to BSN; LPN to BSN programs)

\*Old Dominion University @  
Yavapai College  
1100 E. Sheldon St. #6148  
Prescott, AZ 86301

Steve Parker  
Site Director  
Phone: (928) 445-4616  
BSN Completion Only

\*Accredited by the National League for Nursing Accrediting Commission (NLNAC), or the Commission on Collegiate Nursing Education (CCNE)

MASTERS DEGREE IN NURSING

\*Arizona State University  
Tempe, AZ 85287-2602

Barbara Durand, Ph.D., RN  
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PO Box 15035  
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Tucson, AZ 85721

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Center for Nursing Leadership  
4615 E. Elwood Street  
Phoenix, AZ 85040

Beth Patton, MN, MA, RN  
Department of Nursing  
Phone: (602) 966-7400

\*Old Dominion University  
Yavapai College  
1100 E. Sheldon St.  
Prescott, AZ 86301

Steve Parker (Site Director)  
Phone: (480) 445-4616

NURSE PRACTITIONER PROGRAMS  
APPROVED BY THE ARIZONA STATE BOARD OF NURSING

- A.

Arizona State University - Tempe, Arizona

1. Adult Nurse Practitioner

2. Family Nurse Practitioner

3. Obstetric/Gynecological Nurse Practitioner/Woman’s Health

4. Pediatric Nurse Practitioner

5. Psychiatric/Mental Health Nurse Practitioner

6. Neonatal Nurse Practitioner

7. Acute Care Nurse Practitioner
- B.

University of Arizona - Tucson, Arizona

1. Family Nurse Practitioner

2. Geriatric/Adult Nurse Practitioner

3. Psychiatric/Mental Health Nurse Practitioner
- C.

Northern Arizona University - Flagstaff, Arizona

1. Family Nurse Practitioner
- D.

University of Phoenix - Phoenix, Arizona

1. Obstetric/Gynecological Nurse Practitioner/Woman’s Health

2. Family Nurse Practitioner
- E.

Grand Canyon University—Phoenix, Arizona

1. Family Nurse Practitioner—online (program has not admitted students)



# What is Nursing Practice?

by Pamela K. Randolph, RN, MS, CPNP

**Which of the following nurses meets the new Board practice requirement?**

- A. A nurse recruiter at a local hospital who worked in this capacity for 960 hours in the past five years?
- B. A nursing textbook author who spent 3,000 hours in the past five years writing and editing nursing texts?
- C. A nurse executive of a major health related organization that worked full-time in this job in the past five years?
- D. A nurse who volunteered at local health fairs for 16 hours per month for the past five years?
- E. A nurse who has worked selling real estate for the past five years?

The Arizona State Board of Nursing is in the final phases of implementing a rule that requires nurses to practice nursing for 960 hours within a five-year period in order to renew their nursing licenses. While nurses engaged in direct patient care have not questioned the implementation of the requirement, nurses whose practice involves managing systems, teaching, volunteering and other non-traditional nursing roles have enquired how the practice requirement relates to them. There are basically three ways to meet the requirement: practice or volunteer performing activities that are consistent with the legal scope of nursing practice prescribed in statute; function in a job or volunteer capacity that requires or recommends the level of licensure

of the nurse; or return to school to obtain an advanced degree in nursing. For the exact language of the proposed rule, please visit the Board's Web site at [www.azboardofnursing.org](http://www.azboardofnursing.org). A nurse that fails to meet these requirements must either complete a refresher course or place the license on inactive status.

The answer to the above question is that all but "E," the last example, meet the practice requirement. All other nurses are considered by the Board to be practicing nursing. In the first example, the nurse recruiter meets the rule requirement in two ways. First, she is performing an activity considered part of the scope of nursing practice. In Arizona Revised Statutes (A.R.S) section 1601 (13)(h), the practice of nursing includes "providing for the maintenance of safe and effective nursing care that is rendered directly or indirectly." By recruiting qualified nurses and other health care personnel to the work place, the nurse recruiter is functioning under the scope of nursing practice. The nurse recruiter meets the rule requirement in another way. Her job description requires a license as a health care professional. In the second example, the author is practicing nursing under the legal scope because he is "teaching nursing knowledge and skills" (ARS § 32-1601(13)(j)) by publishing educational materials. Additionally, in his self-employed consultant role, the nurse is "consulting and coordinating with other health care professionals in the management of health care" (A.R.S. §32-1606(13)(l)). The third nurse is also functioning under the scope of nursing

practice, since she is "consulting and coordinating with other health care professionals in the management of health care" (A.R.S. §32-1606(13)(l)) in her activities related to interfacing with health systems. Additionally, her job description recommends licensure as a health care professional. The fourth nurse only volunteers. Her volunteer activities are definitely covered under the scope of nursing practice "assessing the health status of individuals and groups" (ARS §32-1606 (13)(c)). Her volunteer hours are sufficient to maintain competency under the rule requirement (16 hr x 12 mo = 960 hrs in 5 yrs). The last nurse does not meet the requirement since he has not practiced nursing directly or indirectly for five years. He would need a refresher course to maintain his license.

As one can readily ascertain by the above examples, the Board defines practice as both the direct provision of care and indirect nursing activities such as promoting the profession of nursing, ensuring a supply of nurses, recruiting nurses, coordinating with other professions, and teaching others. Any nursing activities that do not seem to fit under the legal scope, but are appropriate to be performed by a nurse, can be included as practice if a nursing license is required or recommended in the job description of the nurse.

The Board published a "Question and Answer" document related to this new requirement in the August 2003 Newsletter. This document is available on the Board Web site ([www.azboardofnursing.com](http://www.azboardofnursing.com)). For additional questions on the practice requirement, please contact the Board Staff.

# Norton Sound Health Corporation

## Nome, Alaska

### Seeking Nurses to Come and Join Our Team!

Do you want to work for a place that offers great benefits?  
\*\*10 paid holidays\*\*18 vacation days/year\*\*5 sick/  
subsistence days/year\*\*have 7% of your annual income put  
in a pension plan retirement account\*\*only pay up to \$25  
a pay period for medical, dental and health insurance for  
your family\*\*relocation package\*\*IHS Loan Repayment\*\*  
**Night RN opening for ER, M/S and L/D at Norton Sound**

**Regional Hospital. Minimum 2 yrs. experience.**

**\$26.28-\$30.46/hour depending on experience.**

Contact Nurse Manager Colleen Meyer for the night  
RN position at 907-443-3281 or [meyerc@nshcorp.org](mailto:meyerc@nshcorp.org)

<b>RN–Long Term Care</b>	<b>\$25.51 + DOE (1 yr exp)</b>
<b>RN–Outpatient Clinic</b>	<b>\$25.51 + DOE (1 yr exp)</b>
<b>RN–Public Health Nurse</b>	<b>\$26.28 + DOE (2 yrs exp)</b>

Contact Kimberly Gooden, Human Resources  
for the LTC and PHN nurse at [kgooden@nshcorp.org](mailto:kgooden@nshcorp.org)  
or call (907) 443-4525. Fax resumes or job applications  
to (907) 443-2085. Go to [www.nortonsoundhealth.org](http://www.nortonsoundhealth.org)  
to get a job application.

## Advisory Opinion Distance Education

“Distance education means an educational process that is characterized by the separation, in time or place, between the instructor and student.” (NLNAC Accreditation Manual, 2002, p.70)

It is the opinion of the Arizona State Board of Nursing that only nursing didactic instruction may be delivered using distance-learning modalities in approved programs of nursing.

### GENERAL REQUIREMENTS

If a program utilizes distance modalities for didactic instruction, the program must evaluate and assess the educational effectiveness of its distance education programs to ensure that the distance program is substantially comparable to a campus-based program in the following areas:

1. Student learning outcomes
2. Student retention
3. Student satisfaction
4. Faculty satisfaction

Supervised land-based clinical and laboratory experiences are required to validate didactic learning. Supervised clinical experience means the provision of direct patient care under the guidance of a qualified faculty member or designee.

### RATIONALE

Distance Learning education can improve student access to nursing education, enhance student-instructor communication and facilitate achievement of course goals. There are numerous case studies indicating comparable student performance in distance education courses. Standards for nursing education programs in A.A.C. R4-19-201-206 remain the same regardless of the mode of delivery.

### REFERENCES

American Federation of Teachers/Higher Education Program and Policy Council. *Distance Education: Guidelines for good practice.* (2000) Michael Gibbs

Commission on Higher Education. *Best Practices for Electronically Offered Degree and Certificate Programs.* [www.wiche.edu](http://www.wiche.edu) (work in progress)

American Association of Colleges of Nursing. *AACN White Paper: Distance Technology in Nursing Education.* [www.aacn.edu](http://www.aacn.edu). 1999

National League for Nursing Accrediting Commission. *Accreditation Manual: Policy#15 Distance Education.* 2002

American Association of Colleges of Nursing, Alliance for Nursing Accreditation. *Statement on Distance Education Policies.* March, 2002

# Regulation Rundown

by Pamela K. Randolph, RN, MS, CPNP

### Current Rule Activity

**Article 3.** Licensure. The public was invited to an open meeting to make comments or suggestions to a draft of this rulemaking on August 15, 2003, at 9 a.m. Comments were received commending the Board for the foreign nurse rules and the clarity of the school nurse rules. The Board approved the Notice of Proposed Rulemaking on September 19, 2003, and it was forwarded to the secretary of state for publication in the *Arizona Administrative Register*. The Board conducted a formal oral proceeding on November 19, 2003, and received two written comments from the same person opposing the practice requirement. The final rule was approved by the Board without changes on December 12, 2003, and was filed with the Governors Regulatory Review Council (GRRC). It is expected that GRRC will decide on the rulemaking during their February 4, 2004 meeting, and the rule will become effective around mid-April 2004.

**Article 5.** Advanced Practice Nursing. The Advance Practice Committee has approved a draft of this rule. The Law and Rules Committee also reviewed the draft rule. A

group of nurses have expressed opposition to the Clinical Nurse Specialist rules and the Board is meeting with them in early January to hear their concerns and possibly amend the draft based on their concerns—see article in this newsletter. The notice of proposed rule will be presented to the Board in March for publication in the *Arizona Administrative Register* sometime in April. The proposed rulemaking will also be published on the Web for public comment. Amendments to R4-19-403, Unprofessional Conduct, have been added to this rulemaking package because advanced practice nurses have requested that items relating to prescribing and dispensing be moved to the prescribing and dispensing sections of this article.

**Article 2.** Arizona Practical and Professional Nursing Programs. This rulemaking is being opened to amend the requirement that a parent institution be regionally accredited. Based on an analysis by Dr. Sue Roe, the Education Committee and the Board has determined that regional and national accreditation are comparable in terms of requirements for an educational institution. The Board is opening rulemaking to allow colleges with national accreditation by an agency approved by the U.S. Secretary of Education to open nursing programs. This would include private career

colleges and proprietary schools. Other rules in this section are being amended to clarify requirements for nursing programs and provide measurable standards. The Education Advisory Committee will review a second draft of the proposed rulemaking at their January 16 meeting and the Law and Rules Committee at their February meeting.

**Article 8.** Certified Nursing Assistants. The Nursing Assistant Advisory Committee will review a preliminary draft of this rulemaking at their April 16 meeting. Board staff and the regulated community have identified that portions of this Article are in need of amending.

### Future Rule Activity

**Article 4. Regulation.** Part of this article will be amended as described above with Article 5.

**Article 1. Definitions and Time-Frames.** The Board will need to amend these rules to be consistent with other rulemaking changes over the past two years.

The person to contact at the Board regarding rules is:

Pamela Randolph, Nurse Practice Consultant  
1651 E. Morten Suite 210  
Phoenix, AZ 85020  
602-889-5209  
e-mail: prandolph@azbn.org

# Attention: Clinical Nurse Specialists

by Pamela K. Randolph, MS, CPNP, RN

The Arizona State Board of Nursing is in the preliminary process of revising Article 5, Advanced Practice Registered Nursing. This Article contains rules pertaining to the certification of Clinical Nurse Specialists. The Board currently certifies approximately 100 Clinical Nurse Specialists, but has become aware that many nurses are using the title “Clinical Nurse Specialist” as conferred by their employer. The proposed rule will restrict use of the title to those nurses certified by the Board. This will assure the public that any nurse using the title, CNS, has the minimum knowledge, skills, and abilities to function in this advanced practice role.

According to the National Association of Clinical Nurse Specialists (NACNS), a CNS is a master’s or post-master’s prepared registered nurse that has received education at the graduate or post-graduate level in a clinical nursing specialty. National standards for CNS programs include role and theory courses and at least 500 hours of clinical practice at the master’s or post master’s level. The National Council of State Boards of Nursing (NCSBN) has published core CNS requirements for boards of nursing that include clinical specialty education at the graduate level and national certification as a clinical nurse specialist. NCSBN believes that entry into CNS practice is based on preparation in a broad area of specialty practice rather than narrow sub-specialty preparation. For example, a pulmonary CNS would be practicing within the broader area

of medical-surgical CNS practice. NCSBN core requirements need to be adopted by any board of nursing that anticipates joining the advanced practice (AP) multi-state compact. Advantages to joining the AP compact would include transferability of AP certification across state lines.

In an effort to adopt rules that would allow Arizona to join the AP compact and to reflect recent statutory changes, the Board is proposing to incorporate the core requirements into Article 5 revisions. The Board has held focus group discussions with clinical nurse specialists that have shed light on some issues that the Board is proposing to address such areas as:

- There is no certification test available for some areas of CNS practice, such as Women’s Health.
- There are some nurses already licensed or certified in Arizona and other states that have not obtained the necessary certification or education in a clinical specialty.
- There are persons using the title CNS who are not certified and who have not received education to prepare for the CNS role in their graduate nursing program or at the post-master’s level.

The Board will convene a meeting between representatives of graduate nursing programs in Arizona and interested clinical nurse specialists in spring, 2004 to discuss post-master’s options. Please call Pamela Randolph at 602-889-5209 or [prandolph@azbn.org](mailto:prandolph@azbn.org), or Karen Grady at 602-889-5182, for a specific date and time of the meeting or for further information on the rule package. A copy of the draft rules will be available on the Board Web site at [www.azboard-ofnursing.org](http://www.azboard-ofnursing.org) under Proposed Rules.



# Advanced Practice Corner

by Karen Grady, MS, RN, FNP, BC  
Advanced Practice Consultant

Advanced Practice Committee Highlights

The Advanced Practice Committee held meetings on November 14, 2003 and January 9, 2004. The next Committee meeting is scheduled for **Friday, March 12, 2004**, at 9:30 a.m. at the Board office, and is open to the public. Committee meeting dates scheduled for 2004 are as follows:  
**January 9**  
**March 12**  
**May 14**  
**July 16**

September 10  
November 12

The meetings start at 9:30 a.m.  
**Current Issues**  
Work is continuing on the draft Clinical Nurse Specialist (CNS) rules in Article 5 and recently several meetings were held with interested CNSs from the Phoenix, Flagstaff, and Tucson communities. Discussions have recently centered around the proposed CNS educational and national certification requirements and the group is making progress toward consensus. Another meeting is tentatively scheduled to be held at the Board office on Tuesday, February 10, 2004, from 1:30 to 3 p.m. Any interested parties are welcome to attend the meeting and

your input is welcome.

At the November 14, 2003 meeting, the Advanced Practice Committee appointed a subcommittee to discuss and draft a proposed advisory opinion outlining guidelines for the prescription of controlled substances for the treatment of chronic, non-cancer pain. The subcommittee will meet in January/February and report back to the Committee at the March 12, 2004 meeting.

The January 9, 2004 meeting had not been held at the time this newsletter went to press, so those highlights will appear in the next quarterly newsletter.

If you have any questions about Advanced Practice or the Committee, please call Karen Grady at (602) 889-5182, or e-mail at [kgrady@azbn.org](mailto:kgrady@azbn.org)

## NCLEX® Results for all First-Time Candidates Educated in Arizona 1996-2003

Registered Nurses PASS %		School	City	% Pass 1996	% Pass 1997	% Pass 1998	% Pass 1999	% Pass 2000	% Pass 2001	% Pass 2002	% Pass 2003
1996 – Nationally 86% Arizona 92%		Northland Pioneer College	Show Low	100	91.2	94.1.	87.5	84.2	67.6	44	83.3
		Eastern Arizona College	Safford	NA	88.9	90.0	88.2	85.7	83.3	71	82.4
1997 – Nationally 88% Arizona 92.1%		Mohave Com. College	Kingman	89	86.1	95.5	74.1	84.4	82.9	80	81.5
		Pima Com. College	Tucson	90	91.3	86.2	81.5	85.8	84.7	91	95.4
1998 – Nationally 85% Arizona 90.5%		Central Arizona College	Coolidge	72	84	88.9	95.2	86.7	73.3	73	92.3
		Cochise College	Douglas	89	87	81.4	86.7	91.4	96.2	94	93.9
1999 – Nationally 84.8% Arizona 88.2%		Yavapai College	Prescott	90	93.6	82.7	80.5	86.3	73.2	98	92
		Arizona Western College	Yuma	90	92.6	90.5	81.8	84.8	70	70	85
2000 – Nationally 83.8% Arizona 85.35%		University of Arizona	Tucson	97	96.8	92.9	92.6	89.5	92.5	94	93.3
		Arizona State University	Tempe	88	87.3	90.8	88.8	87.3	90.6	90	86.9
2001 – Nationally 85.53 Arizona 83%		Grand Canyon University	Phoenix	92	93.3	94.0	87.5	88.4	90.6	79	94.4
		Northern Arizona University	Flagstaff	84	92.5	80.4	94	67.6	65.3	80	80.8
2002 – Nationally 86.7% Arizona 85.7%		MCCDNP (Scottsdale CC, Glendale CC, Phoenix C, Mesa CC, Mesa Boswell, and GateWay CC.)	Maricopa Community Colleges						82.2	85	93
2003 – Nationally 87.01% Arizona 90.75%											

Licensed Practical Nurses PASS %		School	City	% Pass 1996	% Pass 1997	% Pass 1998	% Pass 1999	% Pass 2000	% Pass 2001	% Pass 2002	% Pass 2003
1996 – Nationally 91% Arizona 96%		*Scottsdale Com. College	Scottsdale	100	100	97.8	100	90	100	100	MCCDNP
		*Yavapai College	Prescott	97	95.1	95.8	100	100	100	100	92.9
1997 – Nationally 89% Arizona 93%		*Phoenix College	Phoenix	97	100	96.3	93.8	93.8	85.7	100	MCCDNP
		*Northland Pioneer	Show Low					85.7	76.9	90	95.2
1998 – Nationally 87% Arizona 95%		*Glendale Com. College	Glendale					100	100	92	MCCDNP
		*Cochise College	Douglas	97	89.5	100.0	97.1	97.4	100	97	90.9
1999 – Nationally 86% Arizona 93%		*Mohave Com. College	Kingman	100	94.7	100.0	96.7	100	100	93	100
		*Central Aризона College	Coolidge	96	100	100.0	92.3	100	100	100	100
2000 – Nationally 85.1% Arizona 90.25%		*Mesa Com. College	Mesa	99	98	97.8	96.7	94.7	93.9	100	MCCDNP
		Metro Tech/VIP	Phoenix	90	73.7	88.9	93.8	93.3	69.2	88	60
2001 – Nationally 86.5% Arizona 90.37%		*Arizona Western College	Yuma	94	100	100.0	80	100	92.9	100	100
		Maricopa Skill Center	Phoenix	100	100	96.8	92	77.8	76.8	83	94.3
2002 – Nationally 85.4% Arizona 93.2%		Pima Com. College/CTD	Tucson	89	88	87.0	85	90	86.4	90	91.1
		*Pima Com. College West	Tucson	98	91.3	76.2	85	86.1	85.7	98	98
2003 – Nationally 88.2% Arizona 94.2%		*GateWay Com. College	Phoenix	95	85.7	92.6	92	87.5	97.9	96	MCCDNP
		GateWay Fast Track	Phoenix								83.3
		MCCDNP (Scottsdale CC, Glendale CC, Phoenix C, Mesa CC, Mesa Boswell, and GateWay CC.)	Maricopa Community Colleges								95

\*Associate Degree RN program with PN option

Data are based on aggregate results from National Council of State Boards of Nursing and may contain minor errors due to miscoding by candidates. NCLEX® results are only one measure of program performance and due to natural variation can fluctuate from year to year.

# Bureau of Citizenship and Immigration Services Issues Final Rule on Healthcare Professionals Seeking Occupational Visas

On July 25, 2003, the Department of Homeland Security (DHS) published its final rule related to Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA). Section 343 requires that certain foreign health care workers have their credentials evaluated and certified before they will be allowed to work in their profession in the United States. The final rule became effective on September 23, 2003.

The regulations cover workers in seven major health care occupations including registered nurses and licensed practical (vocational) nurses.

The final rule applies to temporary and permanent employment-based visas as well as Trade NAFTA (TN) health care workers from Canada and Mexico. Prior to the promulgation of the final rule, the interim rule covered only those health care workers entering under a permanent employment based visa.

There will be a transition period for these health care workers not covered by the interim rule but now covered by the final rule. DHS may admit a temporary, including TN, foreign-educated health care worker, or extend or change their status if they are already within the U.S., even if the health care worker does not at the time of application possess the required certification. The length of transition time includes: (1) a 10-month period ending on July 25, 2004, during which a temporary foreign health care worker may be admitted or may change or extend his or her status without having to present the Section 343 certification at the time of admission or of extension or change of status, and (2) a 12-month period, beginning on the date of the foreign health care worker’s admission, extension or change of status during which the foreign worker must obtain the required Section 343 certification.

Grants of admission, extension, or change of status to temporary immigrants during the transition period will be valid for only one year. There is no change and no transition period in the requirement for those applying to enter the U.S. under an employment-based permanent visa.

CGFNS is authorized to certify all the named health care workers. CGFNS provides the certification mandated

under the law through its division named the International Commission on Healthcare Professions (ICHP).

To obtain the required certification, called the CGFNS *VisaScreen*™ Certificate, CGFNS must verify that:

- The foreign health care worker’s education, training, license, and experience is comparable with that required for a U.S. worker of the same type.
- The foreign health care worker’s education, training, license, and experience is authentic and, in the case of the health care worker’s license, unencumbered. The rule requires that the verification of the education and license come directly from the issuing source.
- The foreign health care worker’s education, training, license, and experience meets all applicable statutory and regulatory requirements for admission to the U.S.
- If the health care worker is a registered nurse he or she must have passed either the CGFNS Qualifying Exam or the NCLEX-RN; and
- The health care worker must have passed an approved English language proficiency examination.

The certification is valid for five years and must be renewed before the end of that time.

The health care worker must demonstrate a certain level of proficiency in written and spoken English. A health care worker may be exempt from the English language proficiency requirement if:

- The country of professional education was Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom or the United States, and
- The language of spoken instruction was English, and
- The language of the textbooks was English.

Certain foreign-educated registered nurses who qualify under Section 212 (r) of the Immigration and Nationality Act are exempt from the English language proficiency examination requirement also.

Section 212 (r) authorizes CGFNS to issue “Certified Statements” to foreign-educated nurses who meet all the following criteria:

- The nurse has a valid and unrestricted license as a nurse in a state where the alien intends to be employed and such state verifies that the foreign license of the nurse is authentic and unencumbered. At present only the states of New York, Florida, Georgia and Illinois qualify.
- The nurse has passed the NCLEX-RN exam for registered nurses.
- The nurse was a graduate of a nursing program in which the language of instruction was English.
- The nursing program was located in Australia, Canada (except Quebec), Ireland, New Zealand, South Africa, the United Kingdom or the United States; and
- The nursing program was in operation on or before November 12, 1999, or has been approved by CGFNS.

The “Certified Statement” satisfies all the requirements of Section 343 for the purpose of visa issuance and admission to the United States, or for the extension, change or adjustment of visa status.

Some health care professionals who were educated in the U.S. and seeking permanent or temporary employment visas or TN status need not meet all of the requirements for the *VisaScreen*™ Certificate. The final rule allows for a streamlined certification process. Nurses are exempt from the educational comparability review and English language proficiency examination if they have graduated from an entry level program accredited by the National League for Nursing Accreditation Commission or the Commission on Collegiate Nursing Education.

It is advisable to apply for the CGFNS *VisaScreen*™ Program as soon as possible before you need to present your *VisaScreen*™ Certificate or the “Certified Statement”. Because CGFNS/ICHP, in compliance with the final rule, requires all documentation to come to CGFNS directly from the issuing source, timeliness of CGFNS’ ability to process your application will be determined in large part by the responsiveness and comprehensiveness of the documents sent to CGFNS/ICHP by the licensing agencies and/or educational institutions in the health care worker’s home country. Applicants are urged to make every effort to ensure that the responsible foreign institutions provide these documents to CGFNS, in the requested format, at the earliest possible date. And, it will be important to complete the CGFNS application for the *VisaScreen*™ service as early as possible.

Nurses can obtain an application from the CGFNS/ICHP Web site at [www.cgfns.org](http://www.cgfns.org). You can apply on-line or you can download the application and mail it to CGFNS. Or, you can contact CGFNS and request that an application be sent to you via the regular mail.

*Information provided as a courtesy of the Commission of Graduates of Foreign Nursing Schools.*



# Case Study LPN & Certified Nursing Assistant

by Patricia Pavlina, RN , BS  
Senior Investigator

In April 2003, the son of a resident at a skilled care facility reported to the Board that an LPN and CNA allowed his mother to sit in her wheelchair without a “Lap Buddy” (a safety device) in place on her wheelchair, resulting in his mother falling and sustaining facial injuries.

**LPN Investigation:**

The LPN was relatively new at this facility and she had never worked on this particular unit. She was the only LPN working the 3-11 shift that evening. After completing her first medication rounds and as she was leaving the dining room, she was approached by Mr. X, the son of a resident, who was pushing his mother in a wheelchair. Mr. X told the LPN that he had informed the CNA assigned to his mother that her “Lap Buddy” was not in place on the wheelchair. Mr. X informed the LPN that his mother had fallen twice in the past and that he was concerned for her safety. The LPN told him that she would check his mother’s room and see if she could locate it. The LPN made a quick survey of the room, was unable to locate it, and other residents began to make medicine requests, so she went to the far end of the hall to begin her second medication rounds. Approximately 45 minutes later, a staff member approached the LPN and told her that Mr. X’s mother had fallen out of her wheelchair, sustaining facial injuries.

The LPN failed to follow policies/procedures designed to protect the resident and she failed to follow through with the CNA to insure that the safety device was in place.

The LPN was found to be in violation of the Nurse Practice Act by Violations of Law: ARS § 32-1663 (F) as

defined in ARS § 32-1601 (16) (d) and (j).

(16) “Unprofessional conduct” includes the following whether occurring in this state or elsewhere:

(d) Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public;

(j) Violating a rule that is adopted by the Board pursuant to this chapter. and

Violations of Rules: A. A.C. R4-19-403 (2), (6) and (10).

(2) Intentionally or negligently causing physical or emotional injury;

(6) Failing to take appropriate action to safeguard a patient’s welfare or to follow policies and procedures of the nurses’ employer designated to safeguard the patient;

(10) Failing to supervise persons to whom nursing functions have been delegated.

The Board voted to discipline the LPN by offering her a Consent Agreement for a decree of censure or hearing.

**CNA Investigation:**

The CNA was from a registry and had worked in this facility before, but not on this unit. She had been given a report by two of the regular CNA staff. The one staff CNA reviewed the “roster list” with her and advised her who she should get up for dinner, who was to stay in bed, and who was to receive showers during her shift. The other CNA staff member walked with her to each room and gave her a “brief” description of the residents detailing whether they were a total lift, incontinent, used a walker or needed a “Lap Buddy” when up in a wheelchair. Both staff CNAs failed to mention that Mr. X’s mother needed the safety device when she was in a wheelchair, nor did the registry CNA see one

in the resident’s room when she got her up for dinner. Following dinner, Mr. X wheeled his mother to the nurses’ station and approached both his mother’s CNA and the LPN advising both that his mother still did not have her safety device in place on her wheelchair. He then left his mother by the nurses’ station and went home. The CNA became distracted and forgot to check the resident’s room for the “Lap Buddy,” resulting in the resident falling and sustaining facial injuries. The CNA also failed to check the resident’s care plan and ADL sheet after receiving a report to determine any additional needs/concerns of the resident.

The CNA was found to be in violation of the Nurse Practice Act by Violations of Law: ARS § 32-1663 (F) as defined in ARS § 32-1601 (16) (d) and (j).

(16) “Unprofessional conduct” includes the following whether occurring in this state or elsewhere:

(d) Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public;

(j) Violating a rule that is adopted by the Board pursuant to this chapter. and

Violation of Rules: A.A.C. R4-19-814 (3), (8) and (21).

(3) Failing to follow an employer’s policies and procedures designed to safeguard the client;

(8) Neglecting or abusing a client physically, verbally, emotionally or financially.

(21) Practice in any other manner that gives the Board reasonable cause to believe that the health of a client or the public may be harmed.

The Board voted to discipline the CNA by offering a Consent Agreement for a \$50 civil penalty or proceed to hearing.





# Case Study

by Karen Grady, MS, RN, FNP, BC  
Advanced Practice Consultant

The Board previously censured Nurse Practitioner X (NP X) in 1991 for a positive drug screen for marijuana. In 2000, NP X successfully completed probation for a 1998 positive pre-employment drug screen for marijuana. In 2001, NP X was employed by a physician in a Western Arizona town. NP X decided to add an additional procedure to his practice, “no scalpel vasectomy” (NSV). NP X attended a seminar at Harrah’s in Las Vegas, Nevada, and participated in a 23 credit hour continuing medical education offering that included the topics of IUD insertion, Skin Biopsy, No Scalpel Vasectomy, Abnormal Uterine Bleeding/Endometrial Biopsy, Hemorrhoids, Electrosurgery of the Skin, Joint

Injection, Needle Breast Biopsy, and Flexible Nasopharyngoscopy. Approximately four to five didactic hours were dedicated to the topic of NSV, the course did not include a clinical component so the completion of a preceptorship was recommended prior to attempting to perform the procedure. NP X returned to his town of residence and was unsuccessful in his attempts to arrange a preceptorship. Approximately six months later, a patient presented to NP X’s clinic requesting a referral for a vasectomy. Instead of authorizing the referral, NP X decided to perform the vasectomy. NP X performed the vasectomy in the office, on a Friday afternoon, while the collaborating physician was out of town, and without a back-up physician on-call. NP X had difficulty performing the procedure on the first side and it was after 5 p.m. when he began the second side. NP X completed the procedure on the second side more quickly and discharged the patient to home with ice packs. Enroute home, the patient began bleeding and subsequently had to be driven 30 minutes to the nearest emergency room for treatment. The patient was found to have an arterial bleed from the testicle and a surgeon was called in after unsuccessful attempts to contact NP X or his collaborating physician. The bleeding was controlled; however, the patient later lost his testicle due to loss of blood flow. During the investigation of the above matter, NP X was reported to ASBN by a separate entity for alleged prescription fraud. NP X wrote several prescriptions for narcotics to fellow employees who at NP X request, filled the prescriptions under their insurance and returned the drugs to NP X for personal use by NP X. NP X documented false information related to the prescriptions in their charts. During the investigation of these matters, NP X moved out of state and

later agreed to voluntarily surrender his Arizona nursing license and advanced practice certificates. The Arizona action was reported to NP X’s other states of licensure and to the National Practitioner Data Bank (NPDB). The Statutes and Rules of the Nurse Practice Act that were violated are as follows:  
**ARS § 32-1663 (D) AS DEFINED IN ARS § 32-1601 (16) (d) and (j)**  
16. “Unprofessional conduct” includes the following whether occurring in this state or elsewhere:  
(d)Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.  
(j) Violating a rule that is adopted by the board pursuant to this chapter.  
**R4-19-403 (1) (5) (9) (13) (14) (19) (25)**  
**For purposes of A.R.S. § 32-1601(16) (d) and (j) a practice that is or might be harmful or dangerous to the health of a patient or the public includes the following:**  
1. A pattern of failure to maintain minimum standards of acceptable and prevailing nursing practice;  
5. Failing to maintain for each patient a record which accurately reflects the nursing care and treatment provided to a patient;  
9. Assuming patient care responsibilities for which the nurse lacks the education to perform or for which the nurse has failed to maintain nursing competence;  
13. Obtaining, possessing, administering, or using any narcotic, controlled substance, or illegal drugs in violation of any federal or state criminal law, or in violation of the policy of any health care facility, school, institution, or other work location at which the nurse practices;  
14. Falsifying or making materially incorrect, inconsistent, or unintelligible entries in any patient records or in the records of any health care facility, school, institution, or other work place location, pertaining to the obtaining, possessing or administration of any controlled substance as defined in the Federal Controlled Substance Act, 21 U.S.C. § 801 et seq., or Arizona’s Uniform Controlled Substance Act, A.R.S. Title 36, Chapter 27;  
19. Prescribing controlled substances to members of the registered nurse practitioner’s immediate family or for oneself;  
25. Practicing in any other manner, which gives the Board reasonable cause to believe that the health of a patient or the public may be harmed.

# Case Studies

by Sydney M. Munger, RN, MS  
Nurse Practice Consultant

## Nurse A

Nurse A, RN, worked for a registry and typically accepted assignments in long-term care facilities. One night, Nurse A cared for a 61-year old resident who was status post open reduction, internal fixation of the left femur; had chronic renal failure; was on dialysis; had diabetes; and who had stasis ulcers on her legs.

The resident had admission orders for Accuchecks every six hours with the following insulin order: blood sugar minus 200, divided by 10, equals units of regular insulin to be given. She also had orders for NPH insulin 10 units sub q. to be given twice a day.

On the diabetic flow sheet at 6:00 a.m., Nurse A documented a blood sugar of 225, and that she gave **24 units of regular insulin**. Nurse A’s shift ended at 7:00 a.m.

At 7:00 a.m., the oncoming nurse administered the resident’s dose of NPH insulin, 10 units.

Several hours later the resident was found non-responsive, diaphoretic, and having seizure activity. When a

blood glucose was done, the glucometer indicated the resident’s blood sugar was 25 or lower.

The resident’s physician was notified of the error, and orders were received for Glucagon. Glucagon 1 mg. was given IM twice, and the blood sugar was checked every two hours. The patient recovered without incident, and was discharged home approximately one month later.

Nurse A contended that she had failed to write in the decimal point when she documented the regular insulin, and that she actually administered 2.4 units. Nurse A received a Decree of Censure from the Board for a one-time practice error.

## RN Applicant B

The RN Applicant B planned to endorse her RN license from another state into Arizona. On her application for licensure, she indicated she was currently under investigation by another state’s Board for a medication error she had made two years prior. This disclosure placed her application for licensure under investigation.

Applicant B cooperated with ASBN’s investigation. She informed the Board that she administered potassium chloride (KCl) IV push by mistake to an elderly patient, instead of the Lasix that had been ordered. Applicant B related that

she had been fatigued and stressed by personal problems at the time of the incident and was aware that the patient had a critical potassium level. Applicant B stated she must have had the word “potassium” on her mind when she reached into the medication drawer for Lasix and took out KCl instead. Applicant B injected approximately 12 mEq of potassium into the patient before she realized her error. The patient subsequently died.

During the course of ASBN’s investigation, Applicant B’s original state Board placed her on a stayed revocation agreement for three years. This meant Applicant B was allowed to work while being monitored by the Board, but if she violated any of the terms of her agreement, her license would be automatically revoked.

The Nurse Practice Act gives ASBN jurisdiction to act on the conduct of applicants for licensure, whether their conduct occurred in Arizona or elsewhere. Because of the gravity of Applicant B’s error, the Board voted to grant license upon signing a consent agreement for a 24-month practice probation within 30 days, or to deny licensure. Although Applicant B fully accepted responsibility for her actions and was remorseful for the outcome, she opted to be denied licensure in Arizona, rather than completing probation in Arizona.





# Case Study - A Legitimate Prescription Required

by Sister M. Rachel Torrez, RN, MS  
Nurse Practice Consultant

LPN X and her husband had just moved to Arizona from Ohio in the late spring. She was happy to see that there were job openings in the Phoenix area, and she was hired by a large medical center in Central Phoenix. As part of the employment process, all staff were required to undergo a pre-employment urine drug screen (UDS). LPN X tested positive for Propoxyphene (Darvocet) and was not hired. She was reported to Arizona State Board of Nursing (ASBN) for the positive urine drug screen and a formal investigation was opened on her.

LPN X explained she had a headache that was not relieved with Tylenol so she took a Darvocet tablet that had been prescribed for her husband. LPN X did not have a legitimate prescription for the Darvocet. She had taken the Darvocet approximately 10-12 days prior to the day the pre-employment urine testing was done, and denied that she had taken any other medication.

The Board met at a regularly scheduled open meeting, and the case for LPN X was considered. The Board voted to offer her a Consent Agreement for a Decree of Censure. A Decree of Censure is considered disciplinary and is reported to the National Nursing Data Bank (Nursys). Any state where the nurse has held a license is also notified regarding any discipline that is imposed. In this case, Ohio was notified.

LPN X moved back to Ohio because she was homesick for her family and friends. She is employed there.

Lesson learned: LPN X did not have a legitimate prescription for the Darvocet and should not have taken it.

LPN X violated the following laws and rules of the Nurse Practice Act (NPA):

A.R.S. 32-1663 (D) as defined in A.R.S. 32-1601 (16) (d) and (j).

16. “Unprofessional conduct” includes the following whether occurring in this state or elsewhere:

(d)Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.

(j) Violating a rule that is adopted by the board pursuant to this chapter.

R.4-19-403 (12) (13) 25)

For purposes of A.R.S. 32-1601 (16) (d) and (j) a practice that is or might be harmful or dangerous to the health of a patient or the public includes the following:

12. A pattern of use or being under the influence of alcoholic beverages, medications, or other substances to the extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in any health care facility, school, institution, or other work location;

13. Obtaining, possessing, administering, or using any narcotic, controlled substance or other substances to the extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in any health care facility, school, institution or other work location.

25. Practicing in any other manner, which gives the Board reasonable cause to believe that the health of a patient or the public may be harmed.

# Case Study

by Mary E. Rappoport, RN, MN  
Nurse Practice Consultant

During a hospital-wide process improvement and pain management study conducted on the use of Morphine Sulfate (MSO4), a Nurse Manager discovered one staff RN had fallen below the acceptable mandatory compliance rate of 85% for documentation of narcotics. The audit revealed the Nurse correctly documented *narcotics administration* at a 72% compliance rate, while her documentation for *non-narcotic medications* was 90%. The manager became concerned with the significant compliance rate discrepancies.

The audit results were discussed with the nurse, and she was directed to undergo a “for-cause” urine drug screen (UDS) because of the lack of compliance with the narcotic documentation policy. Before the UDS, the nurse disclosed a one-time use of marijuana approximately three weeks before. The UDS result was positive for marijuana. The Nurse agreed to participate in a mandatory hospital-based monitoring program and self-reported to the Arizona State Board of Nursing.

The Nurse underwent a voluntary evaluation for chemical dependency at the Board’s request. The evaluator found that the nurse did not meet criteria for substance

dependency, but recommended the nurse complete a Chemical Dependency Educational course and continue participation in the mandatory hospital-based monitoring program.

The Board met at a regularly scheduled open meeting and the case for the RN was considered. The Board voted to offer the Nurse a Consent Agreement for a Decree of Censure. A Decree of Censure is considered disciplinary action and is reported to the National Nursing Data Bank. Any state where the Nurse has held a license is also notified regarding the disciplinary action imposed. In this case, the State of Florida was notified.

Lessons learned: The Nurse had a professional responsibility to maintain minimum standards of acceptable and prevailing nursing practice and maintain an accurate patient record. Accurate documentation serves as a critical component in the nursing process to insure a patient receives appropriate care and intervention(s) and protects the patient from potential medication overdose(s) or error(s). Obtaining, possessing, administering or using any narcotic, controlled substance or illegal drugs is in violation federal or state criminal laws. Casual use of illegal substance(s) and/or substance abuse of other agents by a nurse violate the special trust or bond the public (patients) expect when they place their healthcare and life in a nurse’s hands.

# CNA Case Study

by Jeanine Sage, RN, MSN  
Nurse Practice Consultant

In June 2002, a nursing home resident complained to a CNA that she was having diarrhea. The CNA had Imodium tablets, and gave two to the resident. A CNA co-worker observed this, and heard the offending CNA tell the resident that if she didn't like the tablets, she would bring her in liquid Imodium the next day. The co-worker reported the incident to the LPN charge nurse, who reported it to the Director of Nursing (DON).

**CNA INVESTIGATION:**

The DON questioned the offending CNA, and she readily admitted that she had given the resident the Imodium, and commented that she knew she shouldn't have. When asked, the CNA said she had not reported the resident's complaint of diarrhea to the nurses, who were already giving the resident an anti-diarrhea medication. The DON also questioned the resident, who verified that a CNA had given her Imodium. She said she had asked the CNA for medication because she had been experiencing diarrhea for the past three days. The DON explained to the resident that CNAs are not allowed to give out medication, and she should only take medication from a licensed nurse.

The CNA was found to be in violation of the Nurse Practice Act by:

Violations of Law: A.R.S. §32-1663 (F) as defined in A.R.S. §32-1601 (16) (d) and (j).

- (16) "Unprofessional conduct" includes the following whether occurring in this state or elsewhere:
  - (d) Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.
  - (j) Violating a rule adopted by the board pursuant to this chapter.

Violation of Rules: A.A.C. R4-19-814

- (3) Failing to follow an employer's policies and procedures designed to safeguard the client;
- (5) Failing to report signs, symptoms, and changes in client conditions to the appropriate individual in an ongoing and timely manner;
- (12) Assuming client care tasks for which the nursing assistant lacks education or competence to perform;

The Board voted to discipline the CNA by offering a Consent Agreement for a Civil Penalty of \$50.00 to be signed in 30 days or adopt Notice of Charges.

# The Accountability “Blame Game”

by Pat Midkiff, RN, MN  
Nurse Practice Consultant

Nurse A, an LPN, was responsible for medication administration and treatments on a busy medical/surgical unit. In the beginning of her employment, Nurse A performed all assigned tasks with only occasional, minor problems. However, over the course of two years, the number and severity of errors increased. In the last four months of her employment, Nurse A committed the following errors:

- failed to document nine medications administered during one shift,
- held medications for two patients going for procedures without resuming the medications upon their return to the unit or contacting the physician for further instructions,
- incorrectly noted off a medication order that led to the patient receiving the wrong dosage for three consecutive days,
- administered pain medication to the wrong patient,
- failed to administer a stat order for Lasix,
- failed to notify a physician about a patient’s elevated blood pressure and chest pain,
- failed to administer Dilantin as ordered for two days, and
- administered anticoagulant that had been placed “On Hold”.

Nursing management also received complaints from four patients regarding Nurse A’s negative attitude and expressing derogatory comments while administering patient care.

The facility documented and counseled Nurse A for each incident and eventually terminated her employment. The facility filed a complaint with the Board against Nurse A’s license for committing medication and documentation errors after repeated attempts to counsel and educate Nurse A. During the Board’s investigation, each incident report submitted by the facility was reviewed with Nurse A. Nurse A attributed the errors to poor training of secretarial staff, poor communication between physicians and nursing

staff, pharmacy delivery delays, failure of a CNA to report vital signs to Nurse A because “she had it out for me,” and finally, personal health problems. Nurse A admitted administering pain medication to the wrong patient because she looked at the wrong Medication Administration Record. However, she stated that poor staffing and an extra busy unit caused her to make the error.

In its complaint investigation, the Board not only inspects the type(s) and severity of the nurse practice errors, but also reviews the following information:

- Did the nurse have knowledge of the incident(s)? Surprisingly, in a few cases a nurse under investigation may not know an error was committed because the facility failed to show evidence the nurse was made aware of the error, e.g. signed counseling documents, incident logs or managerial notes.
- What was the nurse’s response upon learning about the incident(s)?
- What accountability, if any, does the nurse take for the error(s)?
- What follow up action was taken by the nurse and/or facility to correct the error and/or prevent future errors?

At its public meeting, Board reviewed this case and voted to offer Nurse A a consent agreement for a 12-month practice probation. They determined Nurse A violated the following parts of the Nurse Practice Act:

**ARS § 32-1663 (D) AS DEFINED IN ARS § 32-1601 (14) (d) (j), currently cited as 32-1601(16) amended 2002:**

16. “Unprofessional conduct” includes the following whether occurring in this state or elsewhere:
- (d) Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.
  - (j) Violating a rule that is adopted by the board pursuant to this chapter.

**VIOLATION OF RULES: R4-19-403 (1) (5) (6) (25)**

1. A pattern of failure to maintain minimum standards of acceptable and prevailing nursing practice.
5. Failing to maintain for each patient a record, which accurately reflects the nursing care and treatment provided to a patient.

6. Failing to take appropriate action to safeguard a patient’s welfare or to follow policies and procedures of a nurse’s employer designed to safeguard the patient.
  25. Practicing in any other manner, which gives the Board reasonable cause to believe that the health of a patient or the public may be harmed.
- In signing the consent agreement, Nurse A agreed to
- have her license stamped “probation”
  - notify potential employers of her probationary status
  - have her future employers submit work performance evaluations every three months
  - work under the direct supervision of a registered nurse in good standing with the Board

Nurse A was also prohibited from working the night shift and for a registry, travel company, home health agency, or in any setting where the supervision requirement would not be possible or practical. Unfortunately, Nurse A violated the consent agreement by failing to notify her employers of all information in her consent agreement, for working without supervision, and for failing to maintain communication with Board staff, including providing phone number and address changes and answering Board correspondence. Nurse A’s case returned to the Board for violating her consent agreement, and her license was subsequently revoked.

Lessons Learned: In the course of a nurse’s career, mistakes will be made. Fortunately, most are minor and do not result in an adverse patient outcome. Board members often pose the following question to the nurse who appears at the case hearing: “What would you do differently if you were faced with the same situation that led to the complaint?” In other words, the Board is determining what, if any, accountability the nurse has assumed to maintain safe and appropriate nursing practice. Accountability requires each of us to regularly examine our nursing performance in accordance with prevailing standards. It involves assuming ownership for our own actions and taking appropriate measures to protect patient safety in areas beyond our immediate control. Nurse A learned that playing the “Blame Game” jeopardized not only patient safety, but also her job, and eventually her license.





RN/LPN Disciplinary Action cont. from pg. 25

RN/LPN DISCIPLINARY ACTION				
October - December 2003				
* Not reported in previous Newsletter				
DATE	NAME	LICENSE	DISCIPLINE	VIOLATIONS
10/29/2003	Freedman, Nelda W.	RN016043	Revocation/Non-Voluntary	Violating Board Order
10/2/2003	Friedman, Lisa A.	RN095695	Suspension	Drug Abuse; Drug Diversion - Self
12/18/2003	Gomez, Lillian E.	RN060516	Stayed Suspension w/Probation	Unsafe Practice
9/7/2003*	Guthrie, Carol J.	RN038794	Probation	Failure to Maintain Minimal Standards; Misconduct
11/24/2003	Hancock, Jeanna L.	RN125647	Probation	Misdemeanor; Arrests
9/4/2003*	Hill, Richard E.	LP029502	Revocation/Non-Voluntary	Violating Board Order
10/7/2003	Holland, Elizabeth S.	RN066989	Probation	Documentation Errors; Drug Diversion - Self
7/24/2003*	Holmes, Kimberly L.	RN ENDORSEMENT	License Denied	Writing Illegal RX; Failure to Cooperate w/Board
10/13/2003	Hopkins, Nancy A.	RN117984	Probation	Failure to Maintain Minimal Standards; Medication Errors
11/28/2003	Huber-Murdock, Cheryl	RN035180	Stayed Suspension w/Probation	Alcohol Abuse; Failure to Comply w/Requirements of Impaired Nurse Program
10/6/2003	Huntley, Joleen M.	RN108440	Decree of Censure with Fine	Failure to Maintain Minimal Standards; Executing Inappropriate Orders
10/27/2003	Ingvarson, Erik P.	RN122261	Decree of Censure	Drug Abuse; Drug Use on Duty; Drug Related
11/7/2003	Jimenez, Nancy L.	RN087537	Probation	Suspension Completed
10/16/2003	Johnson, Norma J.	RN061775	Suspension	Alcohol Abuse
10/30/2003	Kane, Colleen K.	RN085203	Suspension	Drug Abuse; Writing/Presenting Illegal RX
10/2/2003	Kincaid, Jacqueline M.	RN050760	Decree of Censure	Drug Related
12/1/2003	Kornbuerger Mortl, Marjorie A.	LP020849	Decree of Censure	Failure to Follow Orders; Executing Inappropriate Orders
11/21/2003	Kulhanek, Jennifer J.	LP039130	Probation	Practicing Beyond Scope; Fraud, Deceit-Obtaining License; Misdemeanor
11/20/2003	Labonte, Mary E.	RN099832	Voluntary Surrender	Failure to Assess; Failure to Intervene; Theft - Employer
12/9/2003	Labonte, Sandra V.	RN038356	Probation	Unprofessional Conduct; Failure to Assess; Failure to Intervene
10/6/2003	Leary, Phyllis A.	RN090326	Decree of Censure	Documentation Errors; Medication Errors
9/4/2003*	Lee, Dorothy M.	RN072712	Revocation/Non-Voluntary	Felony-Assault; Misdemeanor-Alcohol Related; Violating Board Interim Order
11/20/2003	Lewis, Sandra L.	LP038419	Decree of Censure	Drug Related
10/6/2003	Luedke, Shea A.	LP028484	Decree of Censure	Practicing Beyond Scope
10/11/2003	Mangold, Gloria J.	RN053398	Probation Completed	
9/17/2003*	Mannion, Kathleen B.	RN090217	Suspension/Indefinite	Wastage Errors; False Documentation; Drug Diversion - Self
9/23/2003*	Mcmillian, Leola	RN100673	Decree of Censure	Failure to Assess; Failure to Intervene; Documentation Errors
9/23/2003*	Mcnamara, Sean P.	RN106048	Stayed Revocation w/Probation	Drug Abuse; Drug Diversion - Self; Failure to Comply w/Requirements of Impaired Nurse Program
9/4/2003*	Mick, Cheri R.	RN063813	Revocation/Non-Voluntary	Violating Board Order; Failure to Respond
11/13/2003	Moss, Mary W.	RN075287	Suspension	Drug Abuse; Violating Board Order
9/4/2003*	Mossie, Zoi L.	LP036447	Revocation/Non-Voluntary	Violating Board Order; Failure to respond
12/12/2003	Naugle, Ann S.	LP017292	Probation Completed	
10/7/2003	Noel, Joan I.	LP014944	Decree of Censure	Unprofessional Conduct; Practicing Beyond Scope; Misconduct
10/16/2003	Novotny, Leah M.	RN113149	Decree of Censure	Failure to Maintain Minimal Standards







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CNA DISCIPLINARY ACTION				
October - December 2003				* Not reported in previous Newsletter
DATE	NAME	LICENSE	DISCIPLINE	VIOLATIONS
9/17/2003	Dunlap, Laverne	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Obtaining Certificate by Fraud; -Failure to Cooperate
7/24/2003	Dyer, Krista L.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Misconduct
9/19/2003	Eggleston, Tanya M.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-theft related; Failure to Cooperate
10/29/2003	Erickson, Donna L.	CNA870255287	Revocation/Non-voluntary	Failure to Maintain Minimal Standards; Unsafe Practice; Failure to Follow Orders
10/29/2003	Erwin, Sami K.	CNA999951009	Revocation/Non-voluntary	Criminal Conviction-Misdemeanor; Incompetent Practice; Unprofessional Conduct
11/5/2003	Escobedo, Gabriel G.	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Criminal Conviction-theft related; Failure to Cooperate
11/24/2003	Escobedo, Javier	CNA Applicant	Civil Penalty	Criminal Conviction-Misdemeanor; Failure to Cooperate
9/10/2003	Espinosa, Michael P.	CNA999950102	Suspension	Misconduct
9/19/2003	Espinosa, Sandra E.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; Failure to Maintain Minimal Standards
9/19/2003	Everett, Simone M.	CNA Applicant	Certificate Denied	Criminal Conviction-active warrant; Theft - Employer; Failure to Cooperate
11/5/2003	Faulkner, Linda L.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; Criminal Conviction-theft and alcohol related; Failure to Cooperate
9/19/2003	Ferrer, Judith	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor (alcohol related); Criminal Conviction-Against Person (theft related)
11/5/2003	Finefrock, Erica L.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor Alcohol Related; Criminal Conviction-Against Person; Practicing without Certificate
9/19/2003	Flores, April R.	CNA812276441	Certificate Denied	Criminal Conviction-Misdemeanor; Drug Related; Failure to Cooperate
9/19/2003	Fox, Mamie N.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; Criminal Conviction; Failure to Cooperate
11/5/2003	Gaitan, Anna	CNA Applicant	Certificate Denied	Drug Related; Failure to Cooperate
12/2/2003	Garcia, Ivah K.	CNA1000000215	Civil Penalty	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; Fraud/Deceit; Failure to Cooperate
9/19/2003	Gay, Amy J.	CNA999999482	Civil Penalty	Criminal Conviction-Misdemeanor; Criminal Conviction-Drug Related
9/19/2003	Gerling, Robyn T.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction; Failure to Cooperate
11/5/2003	Gomez, Steve	CNA Applicant	Certificate Denied	Criminal Conviction Alcohol Related; Failure to Cooperate
9/12/2003	Gordon, Larry D.	CNA235811429	Stayed Suspension	Criminal Conviction-Misdemeanor; Drug Related
11/5/2003	Gorman, Tiffany N.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor Misconduct-Failure to Cooperate
10/29/2003	Graham, Sammy L.	CNA316578103	Revocation/Non-voluntary	Criminal Conviction-Misdemeanor; Drug Related -Failure to Cooperate
10/3/2003	Gurule, Valerie Lane	CNA999999744	Civil Penalty	Criminal Conviction
11/5/2003	Hankins, Derek L.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Drug Related; Failure to Cooperate
11/13/2003	Haozous, Ericka J.	CNA190762803	Civil Penalty	Practicing Beyond Scope; Misconduct
10/02/2003	Hernandez, Stella P.	CNA156982803	Suspension (5 days, upon renewal)	Fraud, Deceit Continuing Education
9/19/2003	Hicks, Jessica B.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; Criminal Conviction-alcohol related; Failure to Cooperate
9/19/2003	Hicks, Lillian	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor/theft related; Theft - Employer; Fraud/Deceit
10/4/2003	Hockenberry, Michelle F.	CNA999948951	Revocation/Non-voluntary	Criminal Conviction-Felony; Criminal Conviction-Misdemeanor Alcohol Related; -Failure to Cooperate



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CNA DISCIPLINARY ACTION

October - December 2003

\* Not reported in previous Newsletter

DATE	NAME	LICENSE	DISCIPLINE	VIOLATIONS
11/20/2003	Holland, Steven	CNA Applicant	Civil Penalty	Criminal Conviction-Felony; Criminal Conviction-Against Person; Alcohol Abuse
11/5/2003	Hoover, William R.	CNA999950614	Certificate Denied	Criminal Conviction-Misdemeanor; Unprofessional Conduct; Alcohol Abuse
11/5/2003	Hrynik, Mike W.	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Criminal Conviction-Against Person; Obtaining Certificate by Fraud
9/19/2003	James, Pamela	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-theft related; Failure to Cooperate
7/24/2003	Jeffers, Gayelyn	CNA Applicant	Certificate Denied	Drug Abuse; Alcohol Abuse; Failure to Cooperate
9/22/2003	Jennings, Missy J.	CNA066129110	Stayed Suspension	Physical Abuse; Verbal Abuse
11/5/2003	Jimenez, Jimmy M.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Failure to Cooperate; Fraud/Deceit
9/4/2003	Julian, Andrea K.	CNA999952617	Revocation/Non-voluntary	Unsafe Practice; Failure to Follow Orders; Failure to Intervene
7/24/2003	Kekahuna, Heather	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor (theft related); Criminal Conviction-Against Person; Failure to Cooperate
12/12/2003	Kelsey, Cynthia D.	CNA999996386	Suspension Cleared	
8/1/2003	Kirk, Shannon	CNA999940219	Suspension/Stayed Revocation	Drug Abuse
10/29/2003	Krause, Darla M.	CNA999952368	Revocation/Non-voluntary	Criminal Conviction-Drug Related; Obtaining Renewal Certificate by Fraud; Failure to Cooperate
9/10/2003	Lamb, Heidi M.	CNA999999547	Civil Penalty	Criminal Conviction-Misdemeanor; Criminal Conviction-Drug and Alcohol Related;
6/13/2003	Lauridsen, Duane	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction Drug Related
10/29/2003	Lee, Dorothy D.	CNA999989481	Revocation/Non-voluntary	Criminal Conviction-Felony; Neglect; Fraud/Deceit
9/19/2003	Lewis, Katrina A.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; Criminal Conviction-theft related; Failure to Cooperate
9/19/2003	Lewis, Tanya L.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Failure to Cooperate
11/4/2003	Lloyd, Myron E.	CNA632557399	Certificate Denied	Criminal Conviction; Felony/Theft Related; Failure to Cooperate
6/13/2003	Lucero, Melissa	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; -Failure to Cooperate
9/26/2003	Marruffo, Roxanne	CNA999999548	Civil Penalty	Misconduct; Verbal Abuse
10/24/2003	Martin, Nichole B.	CNA Applicant	Certificate Denied	Criminal Conviction; Unprofessional Conduct; Drug Abuse
9/19/2003	Martinez, Frank A.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction; Alcohol Abuse
9/9/2003	Martinez, Nancy M.	CNA999996397	Civil Penalty	Drug Related
6/13/2003	Mateo, Angel	CNA Applicant	Certificate Denied	Sexual Misconduct
7/24/2003	Merrill, Gretta	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Criminal Conviction-Drug Related; Failure to Maintain Minimal Standards
10/29/2003	Miano, Elizabeth A.	CNA999992263	Revocation/Non-voluntary	Failure to Maintain Minimal Standards; Drug Related -Failure to Cooperate
9/19/2003	Miller, Roberta K.	CNA Applicant	Certificate Denied	Failure to Maintain Minimal Standards; Misconduct; Failure to Cooperate
10/29/2003	Milliner, Randy C.	CNA540872867	Revocation/Non-voluntary	Criminal Conviction-Felony; Criminal Conviction-Drug Related; Obtaining Renewal Certificate by Fraud
9/19/2003	Mitchell, Surreah M.	CNA Applicant	Certificate Denied	Drug Related; Misconduct; Failure to Cooperate
9/2/2003	Mohr, Nichole E.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Unprofessional Conduct; Fraud/Deceit
9/5/2003	Moore, Sherrie L.	CNA160214103	Revocation/Non-voluntary	Physical Abuse; Failure to Cooperate
11/5/2003	Moots, Joan	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor-Alcohol Related; Failure to Cooperate

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CNA DISCIPLINARY ACTION				
October - December 2003				
* Not reported in previous Newsletter				
DATE	NAME	LICENSE	DISCIPLINE	VIOLATIONS
11/5/2003	Navarro, Mary	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Criminal Conviction-Misdemeanor; Failure to Cooperate; Theft-Employer
9/17/2003	Norvell-Jones, Sandra M.	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Obtaining Certificate by Fraud; -Failure to Cooperate
11/28/2003	Novarro, Loretta M.	CNA999950041	Civil Penalty	Physical Abuse; Verbal Abuse
10/29/2003	Oliva, Renee	CNA999989773	Revocation/Non-voluntary	Criminal Conviction-Drug Related; Drug Related Obtaining Certificate by Fraud
9/19/2003	Orozco, Veronica	CNA999999483	Civil Penalty	Criminal Conviction; Failure to Cooperate
10/29/2003	Orscher, William T.	CNA999948067	Revocation/Non-voluntary	Criminal Conviction-Misdemeanor; Drug Related Failure to Cooperate
9/12/2003	Ortiz, Monica L.	CNA999990126	Stayed Suspension	Drug Related; Failure to Cooperate
11/5/2003	Padilla, Vangaleih	CNA1000000180	Civil Penalty	Criminal Conviction-Misdemeanor; Drug Related
11/5/2003	Palmer, Jamey L.	CNA Applicant	Certificate Denied	Criminal Conviction-Failure to Cooperate
9/19/2003	Paradise, John E.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; Alcohol Related; Failure to Cooperate
10/29/2003	Parrish, Jacquelin	CNA709905353	Revocation/Non-voluntary	Criminal Conviction-Felony; Criminal Conviction-Drug Related; -Failure to Cooperate
9/5/2003	Perez, Marilyn	CNA999990380	Revocation/Non-voluntary	Criminal Conviction-Felony; Criminal Conviction-Against Person; Criminal Conviction-Against Property
10/29/2003	Perryman, Barbara L.	CNA718725803	Revocation/Non-voluntary	Criminal Conviction-Felony; Drug Related
10/10/2003	Phillips, Melanie Jane	CNA999999697	Civil Penalty	Criminal Conviction-Against Property; Criminal Conviction; Alcohol Abuse
9/5/2003	Pruitt, Audra E.	CNA657653644	Revocation/Non-voluntary	Criminal Conviction; Fraud/Deceit
9/26/2003	Pummill, Robert F.	CNA372958669	Stayed Suspension	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; Physical Abuse
9/19/2003	Ramirez, Cecelia M.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; Failure to Cooperate; Criminal Conviction -Alcohol & Drug related
9/5/2003	Ramirez, Noemi G.	CNA999951974	Revocation/Non-voluntary	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Property; Failure to Cooperate
11/21/2003	Randall, Julianna	CNA897555103	Suspension	Violating Board Order
9/19/2003	Richards, Nini L.	CNA Applicant	Certificate Denied	Criminal Conviction-Against Person; Drug Abuse; Failure to Cooperate
9/5/2003	Riley, Michael	CNA456513516	Revocation/Non-voluntary	Fraud, Deceit and Forgery; Failure to Cooperate
11/17/2003	Robinson, Pieta L.	CNA Applicant	Civil Penalty	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person
9/5/2003	Robinson, Rhonda J.	CNA997171210	Revocation/Non-voluntary	Theft - Client; Violating Board Order
9/12/2003	Rodriquez, Carolyn F.	CNA530015803	Stayed Suspension	Unsafe Practice; Failure to Follow Orders; Misconduct
9/4/2003	Rogers, Misty S.	CNA586357641	Revocation/Non-voluntary	Leaving Duty Station; Verbal Abuse; Violating Board Order
12/3/2003	Rojas, Debra	CNA Applicant	Civil Penalty	Criminal Conviction-Misdemeanor; Criminal Conviction-Drug Related; Fraud/Deceit
9/2/2003	Ross, Marc E.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor Alcohol Related; Fraud/Deceit; Practicing without certificate
9/4/2003	Salinas, Frances D.	CNA295389103	Revocation/Non-voluntary	Criminal Conviction-Felony; Criminal Conviction-Drug Related; Obtaining Renewal Certificate by Fraud
9/19/2003	Sanderson, Pamela C.	CNA Applicant	Certificate Denied	Criminal Conviction-alcohol related; Alcohol Abuse
9/4/2003	Scher, Kim E.	CNA814096613	Revocation/Non-voluntary	Drug Related; Failure to Cooperate
10/29/2003	Schmit, Nancy	CNA461057103	Revocation/Non-voluntary	Unsafe Practice; Physical Abuse; Verbal Abuse
6/24/2003	Schwarz, Michael	CNA516943906	Revocation/Court Ordered	Criminal Conviction-Felony
8/4/2003	Scott, Rahman S.	CNA999950497	Stayed Suspension	Verbal Abuse

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<div>CNA DISCIPLINARY ACTION</div> <div>October - December 2003</div> <div>* Not reported in previous Newsletter</div>				
DATE	NAME	LICENSE	DISCIPLINE	VIOLATIONS
8/25/2003	Secuya, Michelle D. A.K.A. Mikus, Michelle D.	CNA9999987257	Stayed Suspension	Practicing Beyond Scope; Sexual Misconduct
11/5/2003	Segarra, Angela	CNA Applicant	Certificate Denied	Fraud/Deceit; Failure to Cooperate
10/29/2003	Shanley, Colleen	CNA000953519	Revocation/Non-voluntary	Criminal Conviction-Felony; Drug Related; Failure to Cooperate
9/16/2003	Shaw, Jennifer S.	CNA999948274	Voluntary Surrender	Theft - Employer; Drug Abuse; Drug Related
9/19/2003	Shelton, Tanya R.	CNA Applicant	Certificate Denied	Unprofessional Conduct; Misconduct; -Failure to Cooperate
12/10/2003	Shotwell, Cecelia	CNA999991649	Stayed Suspension	Verbal Abuse
11/26/2003	Show, Donna M.	CNA996032103	Civil Penalty	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person; Theft - Employer
9/19/2003	Shumski, Katherine D.	CNA999999484	Civil Penalty	Criminal Conviction-Felony; Obtaining Certificate by Fraud; Fraud/Deceit
7/24/2003	Silva, Isaura	CNA Applicant	Certificate Denied	Unprofessional Conduct; Misconduct; Failure to Cooperate
9/19/2003	Smith, Blanca D.	CNA Applicant	Certificate Denied	Criminal Conviction-Against Property; Theft - Employer; -Failure to Cooperate
10/29/2003	Soto-Weir, Patricia	CNA460915513	Revocation/Non-voluntary	Drug Related; Violating Board Order;-Failure to Cooperate
11/5/2003	Steah, Evelyn M.	CNA Applicant	Certificate Denied	Misconduct-theft related; Failure to Cooperate
11/17/2003	Stoner, Cassandra L.	CNA1000000101	Civil Penalty	Criminal Conviction-Misdemeanor; Theft related
9/17/2003	Taylor, April N.	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Sale of Drugs
11/4/2003	Taylor, Bernell L.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Failure to Maintain Minimal Standards; Verbal Abuse; Obtaining Certificate by Fraud; Failure to Cooperate
10/29/2003	Taylor, Michael C.	CNA999952863	Revocation/Non-voluntary	False Documentation; Misconduct; Violating Board Order
10/29/2003	Thomson, Barbara A.	CNA469105657	Revocation/Non-voluntary	Criminal Conviction-Felony; Criminal Conviction-Misdemeanor; Criminal Conviction-Drug Related
10/29/2003	Thornburg, Peggy Sue	CNA999987383	Revocation/Non-voluntary	Unsafe Practice; Drug Use on Duty; Drug Related
9/2/2003	Towell, Michelle D.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor (theft related); Obtaining Certificate by Fraud
9/19/2003	Trujillo, Paul	CNA Applicant	Certificate Denied	Criminal Conviction-Felony; Criminal Conviction-Against Person; Failure to Cooperate
11/13/2003	Tuey, Patricia M.	CNA999995085	Civil Penalty	Practicing Beyond Scope
9/19/2003	Turner, Dennise	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Against Person
9/19/2003	Vasquez, Amanda R.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor-drug related; Drug Abuse
9/19/2003	Wendle, Angie	CNA Applicant	Certificate Denied	Criminal Conviction (drug related); Failure to Cooperate
10/14/2003	Wheelis, Judy A.	CNA561447674	Stayed Suspension	Unprofessional Conduct; Verbal Abuse
11/6/2003	Whipple, Julia J.	CNA180102353	Suspension Cleared	
6/26/2003	Widener, Tamara Lynn	CNA999993619	Suspension	Violating Board Order
11/5/2003	Williams, Jotlyn J.	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Criminal Conviction-Theft related; Failure to Cooperate
7/24/2003	Witner, George A.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Maintain Minimal Standards; -Failure to Cooperate









